

| | | |
|-----------------------------------|---|--|
| PHA 5-Year and Annual Plan | U.S. Department of Housing and Urban Development Office of Public and Indian Housing | OMB No. 2577-0226 Expires 4/30/2011 |
|-----------------------------------|---|--|

| 1.0 | PHA Information PHA Name: <u>Hope Housing Authority</u> PHA Code: <u>AR068</u> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>July 2010</u> | | | | | | | | | | | | |
|------------|--|----------|--------------------------------------|-------------------------------|--|----|-----|--|--|--|--|--|--|
| 2.0 | Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>200</u> Number of HCV units: <u>180</u> | | | | | | | | | | | | |
| 3.0 | Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only | | | | | | | | | | | | |
| 4.0 | PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.) | | | | | | | | | | | | |
| | Participating PHAs | PHA Code | Program(s) Included in the Consortia | Programs Not in the Consortia | No. of Units in Each Program <table border="1"> <tr> <th>PH</th> <th>HCV</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | PH | HCV | | | | | | |
| PH | HCV | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | PHA 1: | | | | | | | | | | | | |
| | PHA 2: | | | | | | | | | | | | |
| | PHA 3: | | | | | | | | | | | | |
| 5.0 | 5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update. | | | | | | | | | | | | |
| 5.1 | Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination Our goal is to provide drug free, decent and safe housing for eligible families and to provide opportunities and promote self-sufficiency and economic independence for residents. We have strived to renovate and modernize public housing units; to provide on-going security to the housing developments; conduct outreach efforts to potential voucher landlords; problem-solving partnerships with residents; community and government leadership; undertake measures to ensure access to affordable housing among families assisted by the PHA regardless of unit size required; participate in the Consolidated Plan development process to ensure coordination with broad community strategies, development of good screening criteria. | | | | | | | | | | | | |
| 5.2 | Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. Progress of the PHA in meeting the goals and objectives: Renovation of public housing units in a timely manner; development of a partnership with the Police Department to provide continued security at each housing site; maintaining a successful outreach to potential voucher landlords; developed good screening criteria, seeking problem-solving partnership with residents, community and government leadership, improve public housing management (PHAS score), reduce public housing vacancies | | | | | | | | | | | | |

| | |
|-----|--|
| 6.0 | <p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: Admissions and Continued Occupancy Policy, Section 8 Administrative Plan, VAWA Policy,</p> <p>The Hope Housing Authority (PHA) has adopted a policy (the “VAWA Policy”) to implement applicable provisions of the Violence Against Women and Department of Justice Reauthorization Act of 2005 (Pub. L. 109-162) (VAWA). PHA’s goals, objectives and policies to enable PHA to serve the needs of child and adult victims of domestic violence, dating violence and stalking, as defined in VAWA, are stated in the PHA VAWA Policy, a copy of which is attached to this Plan.</p> <p>Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures: Families wishing to apply for Public Housing and Section 8 Housing Program shall complete an application for occupy and housing assistance.</p> <p>Applications will be accepted at the following location(s): <u>720 Texas Street, Hope, Arkansas</u> between the hours of 7:30 a.m. to 12 noon and 1 to 4:30 p.m., Monday through Friday except holidays.</p> <p>Applications are taken to compile a waiting list. Due to the demand for housing in the PHA’s jurisdiction, the PHA may take applications on an “open enrollment” basis, depending on the length of the waiting list.</p> <p>Completed applications will be accepted for all applicants and the information will be verified by the PHA. Applications may be made in person at the PHA during specified days and business hours posted at the PHA’s Office or applicant may choose to return an application by mail. The application must be dated, time-stamped, and referred to the PHA’s office where tenant selection and assignment is processed.</p> <p>Applicants for Public Housing must specifically apply for the Public Housing Units and that applicant for Public Housing may also apply for the Section 8 Program, if applicable, and they will not lose their place on the Public Housing waiting list if they also apply for Section 8 assistance. For this to be applicable the PHA must have a Section 8 Program and be accepting applications for Section 8 assistance</p> <p>Individuals who have a physical impairment which would prevent them from completing an application in person may call the PHA to make special arrangements to complete their application. A Telecommunication Device for the Deaf (TDD) is available for the deaf. If the applicant is visually impaired, all notices must be in a format understandable by applicant.</p> <p>The objective of the De-concentration Rule for public housing units is to ensure that families are housed in a manner that will prevent concentration of poverty families and/or a concentration of higher income families in any one development. The specific objective of the housing authority is to house no less than 40 percent of its public housing inventory with families that have income at or below 30% of the area median income by public housing development. Also the housing authority will take actions to insure that no individual development has a concentration of higher income families in one or more of the developments. To insure that the housing authority not to house more than 60% of its units in any one development with families whose income exceeds 30% of the area median income. The housing authority will track the status of family income, by development, on a monthly basis by utilizing income reports generated by the housing authority’s computer system</p> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. Administrative Office – Hope Housing Authority 720 Texas Street Hope, Arkansas 71801</p> |
| 7.0 | <p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i></p> <p>Hope Housing Authority does operate a Section 8 Homeownership Program. The program limit is 5 participants. Mainly, participants are enrolled in the FSS program. Todate, there have been four (4) homes purchased through the Homeownership Program.</p> |
| 8.0 | <p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p> |
| 8.1 | <p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p> <p>See attached Capital Fund Tables</p> |
| 8.2 | <p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p> <p>See attached Capital Fund Tables</p> |
| 8.3 | <p>Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p> |

| | |
|------|--|
| 9.0 | <p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>Conduct outreach efforts to potential voucher landlords, continuing with the implementation of the homeownership program; implement measures to promote income mixing in public housing by assuring access for lower income families; designate developments or buildings for particular resident groups (elderly, persons with disabilities); undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status, and disability; maintaining the waiting list to identify extremely low income families, very low income families, low income; families with children, elderly households, families with disabilities and categorizing the waiting list by size to identify each household needs</p> |
| 9.1 | <p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p>Increase outreach to private property managers to encourage participation in the housing choice voucher program and work with the private industry for new housing developments with housing assistance. Employ effective maintenance and management policies to minimize the number of housing unit off-line; reduce time to renovate public housing units and maintain or increase lease-up rates by marketing public housing. Maintain and increase Section 8 lease-up rate through program marketing and applicant screening; sponsor annual fair housing training seminar for rental property owners and managers.</p> |
| 10.0 | <p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. Affirmatively market to races/ethnicities shown to have disproportionate housing needs, Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units, market the section 8 program to owners outside of area of poverty/minority concentration.</p> <p>Maximize the number of affordable housing units available to the PHA within its current resources</p> <p>Increase the number of affordable housing units</p> <p>Target available assistance to families at or below 30% of Area Median Income</p> <p>Target available assistance to families at or below 50% of Area Median Income</p> <p>Target available assistance to the elderly</p> <p>Target available assistance to Families with disabilities</p> <p>Increase awareness of PHA resources among families of races and ethnicities with disproportionate need</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>It is the intent of Hope Housing Authority to adhere to the mission, goals and objectives outlined in the Five-Year Plan. The plan however, will be modified and resubmitted to HUD should a substantial deviation from program goals and objective occur. The Housing Authority defines "significant amendment and "substantial deviation/modification as:</p> <ul style="list-style-type: none"> ▪ Any change in the planned or actual use of federal funds for activities that which would exceed 20 percent of the Housing Authority's annual program budget for public housing activities; ▪ Additions of non-emergency work items (items not included in the current Annual Statement or Five-Year) or change in the use of replacement reserve funds under the Capital Fund; ▪ Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities; ▪ Changes to the rent or admissions policies or organization of the waiting list; ▪ Changes to the Public Housing Admissions and Continued Occupancy Policy; and ▪ Changes to the Section 8 Housing Choice Voucher Program Administrative Plan <p>Any significant amendment or substantial deviation/modification to the PHA Plan would be subject to same requirements as the original PHA Plan including time frames.</p> <ul style="list-style-type: none"> ▪ The PHA must consult with the Resident Advisory Board as defined in 24 CFR 903.13; ▪ The PHA will ensure consistency with the Consolidated Plan of the jurisdiction as defined in 24 CFR 903.15; ▪ The PHA will provide for a review of the amendments/modifications by the public during 45-day public review period as defined in 24 CFR 903.17; ▪ The PHA will adopt amendments or modifications until the PHA has duly called meeting with the Board of Commissioners and will be opened to the public; and ▪ The PHA will not implement amendments or modifications until notification to HUD of changes and approved by HUD in accordance with HUD's plan review procedures as defined in 24 CFR 903.23 |

| | |
|------|---|
| 11.0 | <p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none"> (a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only) |
|------|---|

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Privacy Act Notice. The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

Instructions form HUD-50075

Applicability. This form is to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

1.0 PHA Information

Include the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

2.0 Inventory

Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

3.0 Submission Type

Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

4.0 PHA Consortia

Check box if submitting a Joint PHA Plan and complete the table.

5.0 Five-Year Plan

Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

5.1 Mission. A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan.

5.2 Goals and Objectives. Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.

6.0 PHA Plan Update. In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:

- (a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.
- (b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

PHA Plan Elements. (24 CFR 903.7)

1. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.
3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.
4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.
5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.
6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1)** development name and number; **2)** designation type; **3)** application status; **4)** date the designation was approved, submitted, or planned for submission, and; **5)** the number of units affected.
7. **Community Service and Self-Sufficiency.** A description of: **(1)** Any programs relating to services and amenities provided or offered to assisted families; **(2)** Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. **(Note: applies to only public housing).**
8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: **(i)** A description of the need for measures to ensure the safety of public housing residents; **(ii)** A description of any crime prevention activities conducted or to be conducted by the PHA; and **(iii)** A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.

10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.

11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.

12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.

13. **Violence Against Women Act (VAWA).** A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers

(a) Hope VI or Mixed Finance Modernization or Development.

1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>

(b) Demolition and/or Disposition.

With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at:

http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm

Note: This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.

(c) Conversion of Public Housing.

With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or

that the public housing agency plans to voluntarily convert; 2) An analysis of the projects or buildings required to be converted; and 3) A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>

(d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.

(e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

8.0 **Capital Improvements.** This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

8.1 **Capital Fund Program Annual Statement/Performance and Evaluation Report.** PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

- (a) To submit the initial budget for a new grant or CFFP;
- (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
- (c) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:

- 1. At the end of the program year; until the program is completed or all funds are expended;
- 2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
- 3. Upon completion or termination of the activities funded in a specific capital fund program year.

8.2 Capital Fund Program Five-Year Action Plan

PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

8.3 **Capital Fund Financing Program (CFFP).** Separate, written HUD approval is required if the PHA proposes to pledge any

portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:
<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

9.0 Housing Needs. Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

9.1 Strategy for Addressing Housing Needs. Provide a description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

10.0 Additional Information. Describe the following, as well as any additional information requested by HUD:

- (a) **Progress in Meeting Mission and Goals.** PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**
- (b) **Significant Amendment and Substantial Deviation/Modification.** PHA must provide the definition of "significant amendment" and "substantial deviation/modification". **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**

- (c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. **(Note: Standard and Troubled PHAs complete annually).**

11.0 Required Submission for HUD Field Office Review. In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)*
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)*
- (d) Form SF-LLL, *Disclosure of Lobbying Activities (PHAs receiving CFP grants only)*
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)*
- (f) Resident Advisory Board (RAB) comments.
- (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.1.
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.2.

[illegible]

² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

| Part I: Summary | | | | | |
|---|--|---|----------------------|--|---|
| PHA Name: Hope Housing Authority | | Grant Type and Number Capital Fund Program Grant No: AR37S06850109 Replacement Housing Factor Grant No: Date of CFFP: | | | FFY of Grant: July 2009 FFY of Grant Approval: |
| Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | |
| | | Original | Revised ² | Obligated | Expended |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | | | | |
| 18ba | 9000 Collateralization or Debt Service paid Via System of Direct Payment | | | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | | | | |
| 20 | Amount of Annual Grant:: (sum of lines 2 - 19) | 364,076.00 | | 364,076.00 | 304,419.59 |
| 21 | Amount of line 20 Related to LBP Activities | | | | |
| 22 | Amount of line 20 Related to Section 504 Activities | | | | |
| 23 | Amount of line 20 Related to Security - Soft Costs | | | | |
| 24 | Amount of line 20 Related to Security - Hard Costs | | | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | 43,000.00 | | | |
| Signature of Executive Director <i>Charleen S. Hale</i> | | Date 03-24-2010 | | Signature of Public Housing Director Date | |

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

| Part I: Summary | | | | | |
|---|--|--|----------------------|--------------------------------|---|
| PHA Name: Hope Housing Authority | | Grant Type and Number Capital Fund Program Grant No: AR37S06850109 Replacement Housing Factor Grant No: Date of CFFP: | | | FFY of Grant: JULY 2009 FFY of Grant Approval: |
| Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | |
| | | Original | Revised ² | Obligated | Expended |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | | | | |
| 3 | 1408 Management Improvements | | | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | 13,000.00 | | 13,000.00 | 13,000.00 |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | 26,376.00 | | 26,376.00 | 23,529.59 |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | | | |
| 10 | 1460 Dwelling Structures | 324,700.00 | | 324,700.00 | 267,890.00 |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | | | |
| 12 | 1470 Non-dwelling Structures | | | | |
| 13 | 1475 Non-dwelling Equipment | | | | |
| 14 | 1485 Demolition | | | | |
| 15 | 1492 Moving to Work Demonstration | | | | |
| 16 | 1495.1 Relocation Costs | | | | |
| 17 | 1499 Development Activities ⁴ | | | | |

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

| | | |
|----------------------------------|--|--|
| PHA Name: HOPE HOUSING AUTHORITY | Grant Type and Number Capital Fund Program Grant No: AR37P06850110 CFFP (Yes/ No): NO Replacement Housing Factor Grant No: | Federal FFY of Grant: JULY 2010 |
|----------------------------------|--|--|

[illegible]

² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

| Part I: Summary | | | | | |
|--|--|---|----------------------|---|----------|
| PHA Name: Hope Housing Authority | | Grant Type and Number Capital Fund Program Grant No: AR37P06850110 Replacement Housing Factor Grant No: Date of CFFP: | | FFY of Grant: July 2010 FFY of Grant Approval: | |
| Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | |
| | | Original | Revised ² | Obligated | Expended |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | | | | |
| 18ba | 9000 Collateralization or Debt Service paid Via System of Direct Payment | | | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | | | | |
| 20 | Amount of Annual Grant:: (sum of lines 2 - 19) | 282,660.00 | | | |
| 21 | Amount of line 20 Related to LBP Activities | | | | |
| 22 | Amount of line 20 Related to Section 504 Activities | | | | |
| 23 | Amount of line 20 Related to Security - Soft Costs | | | | |
| 24 | Amount of line 20 Related to Security - Hard Costs | | | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | | | | |
| Signature of Executive Director <i>Charleen S. Hale</i> | | Date 03-24-2010 | | Signature of Public Housing Director | |
| | | | | Date | |

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

| Part I: Summary | | | | | |
|--|--|---|----------------------|--------------------------------|---|
| PHA Name: Hope Housing Authority | | Grant Type and Number Capital Fund Program Grant No: AR37P06850110 Replacement Housing Factor Grant No: Date of CFFP: | | | FFY of Grant: July 2010 FFY of Grant Approval: |
| Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | |
| | | Original | Revised ² | Obligated | Expended |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | 4,500.00 | | | |
| 3 | 1408 Management Improvements | 4,500.00 | | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | 26,000.00 | | | |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | 17,233.00 | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | 18,000.00 | | | |
| 10 | 1460 Dwelling Structures | 190,927.00 | | | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | 21,500.00 | | | |
| 12 | 1470 Non-dwelling Structures | | | | |
| 13 | 1475 Non-dwelling Equipment | | | | |
| 14 | 1485 Demolition | | | | |
| 15 | 1492 Moving to Work Demonstration | | | | |
| 16 | 1495.1 Relocation Costs | | | | |
| 17 | 1499 Development Activities ⁴ | | | | |

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

| Part I: Summary | | | | | |
|---|--|---|----------------------|---|-----------|
| PHA Name: Hope Housing Authority | | Grant Type and Number Capital Fund Program Grant No: AR37P06850109 Replacement Housing Factor Grant No: Date of CFFP: | | FFY of Grant: July 2009 FFY of Grant Approval: | |
| Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | |
| | | Original | Revised ² | Obligated | Expended |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | | | | |
| 18ba | 9000 Collateralization or Debt Service paid Via System of Direct Payment | | | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | | | | |
| 20 | Amount of Annual Grant: (sum of lines 2 - 19) | 282,660.00 | | 61,835.00 | 23,970.67 |
| 21 | Amount of line 20 Related to LBP Activities | | | | |
| 22 | Amount of line 20 Related to Section 504 Activities | | | | |
| 23 | Amount of line 20 Related to Security - Soft Costs | | | | |
| 24 | Amount of line 20 Related to Security - Hard Costs | | | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | | | | |
| Signature of Executive Director <i>Charleen S. Hale</i> | | Date 03-24-2010 | | Signature of Public Housing Director | |
| | | | | Date | |

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

| Part II: Supporting Pages | | | | | | | | |
|---|---|----------------------------|---|----------------------|----------------------|---------------------------------|--------------------------------|----------------|
| PHA Name: HOPE HOUSING AUTHORITY | | | Grant Type and Number Capital Fund Program Grant No: AR37P06850109 CFFP (Yes/ No): NO Replacement Housing Factor Grant No: | | | Federal FFY of Grant: JULY 2009 | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| PHA WIDE | OPERATIONS | 1406 | | 4,500.00 | | | | |
| HOPEWELL/YERGER | SECURITY-PATROLLING | 1408 | | 6,000.00 | | | | |
| PHA WIDE | CFP COORDINATOR/INSPECTOR | 1410 | | 26,000.00 | | 26,000.00 | 15,720.67 | |
| PHA WIDE | FEES & COST/ADVERTISING | 1430 | | 1,900.00 | | | | |
| PHA WIDE | SITE IMPROVEMENT-SIDEWALKS | 1450 | | 20,200.00 | | | | |
| TEXAS SITE | SHOWER INSTALLED | 1460 | 38 UNITS | 35,835.00 | | 35,835.00 | 8,250.00 | |
| EMMET HOUSING | PORCH SUPPORTS | 1460 | 10 UNITS | 9,000.00 | | | | |
| PHA WIDE | RANGES, REFRIGATORS/WATER HEATERS | 1465.1 | 45 | 28,700.00 | | | | |
| PHA WIDE | CEILING/WALL REPAIRS | 1460 | 30 UNITS | 36,420.00 | | | | |
| PHA WIDE | COMMERCIAL VINYL FLOOR TILE | 1460 | 25 | 20,000.00 | | | | |
| TEXAS SITE | ROOF REPLACEMENTS | 1460 | 51 | 81,905.00 | | | | |
| PHA WIDE | EXTERIOR/INTERIOR DOORS | 1460 | 70 | 12,200.00 | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

| Part I: Summary | | | | | |
|---|--|--|----------------------|--------------------------------|---|
| PHA Name: Hope Housing Authority | | Grant Type and Number Capital Fund Program Grant No: AR37P06850109 Replacement Housing Factor Grant No: Date of CFFP: | | | FFY of Grant: July 2009 FFY of Grant Approval: |
| Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | |
| | | Original | Revised ² | Obligated | Expended |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | 4,500.00 | | 0 | 0 |
| 3 | 1408 Management Improvements | 6,000.00 | | 0 | 0 |
| 4 | 1410 Administration (may not exceed 10% of line 21) | 26,000.00 | | 26,000.00 | 15,720.67 |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | 1,900.00 | | 0 | 0 |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | 20,200.00 | | 0 | 0 |
| 10 | 1460 Dwelling Structures | 195,360.00 | | 35,835.00 | 8,250.00 |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | 28,700.00 | | 0 | 0 |
| 12 | 1470 Non-dwelling Structures | | | | |
| 13 | 1475 Non-dwelling Equipment | | | | |
| 14 | 1485 Demolition | | | | |
| 15 | 1492 Moving to Work Demonstration | | | | |
| 16 | 1495.1 Relocation Costs | | | | |
| 17 | 1499 Development Activities ⁴ | | | | |

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

PHA Name: HOPE HOUSING AUTHORITY

Reasons for Revised Target Dates ¹

[illegible]

form HUD-50075.1 (4/2008)

| Part II: Supporting Pages | | | | | | | | |
|---|---|---|----------|----------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|
| PHA Name: HOPE HOUSING AUTHORITY | | Grant Type and Number Capital Fund Program Grant No: AR37P06850108 CFPP (Yes/ No): NO Replacement Housing Factor Grant No: | | | Federal FFY of Grant: JULY 2008 | | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| PHA WIDE | OPERATIONS | 1406 | | 4,400.00 | | | | |
| YERGER TERRACE | SECURITY-PATROLLING | 1408 | | 4,000.00 | | | | |
| PHA WIDE | CFP COORDINATOR/INSPECTOR | 1410 | | 24,000.00 | | 24,000.00 | 24,000.00 | EXPENDED |
| PHA WIDE | FEES & COST/ADVERTISING | 1430 | | 1,900.00 | | | | |
| PHA WIDE | SITE IMPROVEMENT-SIDEWALKS | 1450 | | 25,000.00 | | 25,000.00 | 0 | |
| TEXAS SITE | WINDOWS | 1460 | 50 UNITS | 75,000.00 | | 75,000.00 | 75,000.00 | COMPLETED |
| EMMET HOUSING | INTERIOR DOORS AND LABOR | 1460 | 99 | 7,000.00 | 18,969.72 | 18,969.72 | 18,969.72 | COMPLETED |
| PHA WIDE | RANGES, REFRIGATORS/WATER HEATERS | 1465.1 | 40 | 23,855.00 | | 8,304.90 | 8,304.90 | IN PROGRESS |
| PHA WIDE | CEILINGS/FLOORS/WALLS REPAIR | 1460 | 07 UNITS | 22,220.00 | | 22,220.00 | 2,489.00 | IN PROGRESS |
| YERGER TERRACE | CABINETS | 1460 | 25 | 25,000.00 | 33,030.28 | 0 | 0 | |
| EMMET HOUSING | ROOF REPLACEMENT | 1460 | 10 | 20,000.00 | 0 | 0 | 0 | REPLACED WITH ARRA FUNDS |
| PHA WIDE | STORAGE DOORS | 1460 | 30 | 5,650.00 | | 4,030.00 | 4,030.00 | IN PROGRESS |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

| | | | | | |
|--|---|---|----------------------------|---|-----------------|
| Part I: Summary | | | | | |
| PHA Name: Hope Housing Authority | Grant Type and Number Capital Fund Program Grant No: AR37P06850108 Replacement Housing Factor Grant No: Date of CFFP: | FFY of Grant: July 2008 FFY of Grant Approval: | | | |
| Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost¹ | |
| | | Original | Revised² | Obligated | Expended |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | | | | |
| 18ba | 9000 Collateralization or Debt Service paid Via System of Direct Payment | | | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | | | | |
| 20 | Amount of Annual Grant:: (sum of lines 2 - 19) | 287,625.00 | | 177,525.62 | 132,793.62 |
| 21 | Amount of line 20 Related to LBP Activities | | | | |
| 22 | Amount of line 20 Related to Section 504 Activities | | | | |
| 23 | Amount of line 20 Related to Security - Soft Costs | | | | |
| 24 | Amount of line 20 Related to Security - Hard Costs | | | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | | | | |
| Signature of Executive Director <i>Charleen S. Hale</i> | | Date 03-24-2010 | | Signature of Public Housing Director | |
| | | | | Date | |

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

| Part I: Summary | | | | | |
|--|--|---|----------------------|--------------------------------|---|
| PHA Name: Hope Housing Authority | | Grant Type and Number Capital Fund Program Grant No: AR37P06850108 Replacement Housing Factor Grant No: Date of CFFP: | | | FFY of Grant: JULY 2008 FFY of Grant Approval: |
| Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | |
| | | Original | Revised ² | Obligated | Expended |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | 4,400.00 | | 4,400.00 | 4,400.00 |
| 3 | 1408 Management Improvements | 4,000.00 | | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | 24,000.00 | | 24,000.00 | 24,000.00 |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | 1,900.00 | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | 25,000.00 | | 25,000.00 | 0 |
| 10 | 1460 Dwelling Structures | 204,470.00 | | 115,819.72 | 100,488.72 |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | 23,855.00 | | 8,304.90 | 8,304.90 |
| 12 | 1470 Non-dwelling Structures | | | | |
| 13 | 1475 Non-dwelling Equipment | | | | |
| 14 | 1485 Demolition | | | | |
| 15 | 1492 Moving to Work Demonstration | | | | |
| 16 | 1495.1 Relocation Costs | | | | |
| 17 | 1499 Development Activities ⁴ | | | | |

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

² To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

| Part II: Supporting Pages | | | | | | | | |
|---|--|-------------------------|--|----------------------|----------------------|---------------------------------|-----------------------------|-------------------------|
| PHA Name: HOPE HOUSING AUTHORITY | | | Grant Type and Number Capital Fund Program Grant No: AR37P06850107 CFFP (Yes/ No): NO Replacement Housing Factor Grant No: | | | Federal FFY of Grant: JULY 2007 | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| PHA WIDE | OPERATIONS | 1406 | | 4,200.00 | | 4,200.00 | 4,200.00 | EXPENDED |
| YERGER TERRACE | SECURITY-PATROLLING | 1408 | | 6,000.00 | | 6,000.00 | 6,000.00 | EXPENDED |
| PHA WIDE | CFP COORDINATOR/INSPECTOR | 1410 | | 24,000.00 | | 24,000.00 | 24,000.00 | EXPENDED |
| PHA WIDE | FEES & COST/ADVERTISING | 1430 | | 1,900.00 | | 1,900.00 | 1,183.00 | IN PROGRESS |
| PHA WIDE | SITE IMPROVEMENT-SIDEWALKS | 1450 | | 23,000.00 | | 23,000.00 | 1,850.00 | IN PROGRESS |
| V.J. LLOYD HOMES | WINDOWS | 1460 | 50 UNITS | 75,000.00 | 41,000.00 | 41,000.00 | 41,000.00 | COMPLETED |
| PHA WIDE | INTERIOR DOORS | 1460 | 60 | 7,000.00 | 14,523.60 | 14,523.60 | 14,523.60 | COMPLETED |
| PHA WIDE | RANGES, REFRIGATORS/WATER HEATERS | 1465.1 | 40 | 29,000.00 | | 29,000.00 | 28,523.50 | IN PROGRESS |
| PHA WIDE | CEILING/WALL/FLOORS/COUNTERTOPS REPAIRS | 1460 | 60 UNITS | 22,220.00 | 42,730.62 | 42,730.62 | 42,730.62 | COMPLETED |
| YERGER TERRACE AND TEXAS SITE | CABINETS | 1460 | 30 | 25,000.00 | 57,560.28 | 57,560.28 | 12,601.63 | IN PROGRESS OF BID |
| PHA WIDE | STORAGE DOORS | 1460 | 30 | 5,650.00 | 5,650.00 | 5,650.00 | 5,650.00 | COMPLETED |
| EMMET HOUSING SITE | ROOF REPLACEMENT | 1460 | 10 | 20,000.00 | 0.00 | | | COMPLETED IN ARRA GRANT |
| PHA WIDE | SHOWERS INSTALLED | 1460 | 26 | 0 | 18,725.00 | 18,725.00 | 18,725.00 | COMPLETED |
| PHA WIDE | WINDOW BLINDS | 1460 | 246 | 0 | 14,460.50 | 14,460.50 | 14,460.50 | COMPLETED |
| TEXAS SITE | REMODEL APARTMENT FOR HANDICAP ACCESSIBILITY | 1460 | 1 | 0 | 5,820.00 | 5,820.00 | 5,820.00 | COMPLETED |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

| Part I: Summary | | | | | |
|---|--|---|----------------------|---|------------|
| PHA Name: Hope Housing Authority | | Grant Type and Number Capital Fund Program Grant No: AR37P06850107 Replacement Housing Factor Grant No: Date of CFFP: | | FFY of Grant: July 2007 FFY of Grant Approval: | |
| Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | |
| | | Original | Revised ² | Obligated | Expended |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | | | | |
| 18ba | 9000 Collateralization or Debt Service paid Via System of Direct Payment | | | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | | | | |
| 20 | Amount of Annual Grant:: (sum of lines 2 - 19) | 288,770.00 | | 288,770.00 | 221,267.85 |
| 21 | Amount of line 20 Related to LBP Activities | | | | |
| 22 | Amount of line 20 Related to Section 504 Activities | 10,000.00 | | | |
| 23 | Amount of line 20 Related to Security - Soft Costs | 6,000.00 | | | |
| 24 | Amount of line 20 Related to Security - Hard Costs | | | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | 41,000.00 | | | |
| Signature of Executive Director <i>Charleen S. Hale</i> | | Date 03-24-2010 | | Signature of Public Housing Director | |
| | | | | Date | |

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

| Part I: Summary | | | | | |
|---|--|--|----------------------|--------------------------------|---|
| PHA Name: Hope Housing Authority | | Grant Type and Number Capital Fund Program Grant No: AR37P06850107 Replacement Housing Factor Grant No: Date of CFFP: | | | FFY of Grant: July 2007 FFY of Grant Approval: |
| Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | |
| | | Original | Revised ² | Obligated | Expended |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | 4,200.00 | | 4,200.00 | 4,200.00 |
| 3 | 1408 Management Improvements | 6,000.00 | | 6,000.00 | 6,000.00 |
| 4 | 1410 Administration (may not exceed 10% of line 21) | 24,000.00 | | 24,000.00 | 24,000.00 |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | 1,900.00 | | 1,900.00 | 1,183.00 |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | 23,000.00 | | 23,000.00 | 1,850.00 |
| 10 | 1460 Dwelling Structures | 200,470.00 | | 200,470.00 | 155,511.35 |
| 11 | 1465.1 Dwelling Equipment--Nonexpendable | 29,000.00 | | 29,000.00 | 28,523.50 |
| 12 | 1470 Non-dwelling Structures | | | | |
| 13 | 1475 Non-dwelling Equipment | | | | |
| 14 | 1485 Demolition | | | | |
| 15 | 1492 Moving to Work Demonstration | | | | |
| 16 | 1495.1 Relocation Costs | | | | |
| 17 | 1499 Development Activities ⁴ | | | | |

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Certification of Payments to Influence Federal Transactions

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

Applicant Name

Housing Authority of the City of Hope

Program/Activity Receiving Federal Grant Funding

Capital Fund Grant 2010

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Charleen S. Hale

Title

Executive Director

Signature

Charleen S. Hale

Date (mm/dd/yyyy)

03-24-2010

Certification for a Drug-Free Workplace

U.S. Department of Housing
and Urban Development

Applicant Name

Hope Housing Authority

Program/Activity Receiving Federal Grant Funding

Capital Fund Grant - 2010

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. **Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Yerger Terrace - Henry C. Yerger Street

Fair Park - Seventh Circle, Mockingbird Circle and South Mockingbird Lane

Hopewell Loop - North Spruce Street

Vander J. Lloyd Memorial Homes - Bell, Oak and Hickory Streets

Texas Site - Texas and Mack Street (All in Hempstead County) Hope, Arkansas 71801

Emmet Housing Authority - 4th, 5th, and Main Streets (Nevada County) Emmet, Arkansas 71835

Check here ☐ if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Charleen S. Hale

Title

Executive Director

Signature

x *Charleen S. Hale*

Date

03-24-2010

Civil Rights Certification

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Civil Rights Certification**Annual Certification and Board Resolution**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

Hope Housing Authority

AR068

PHA Name

PHA Number/HA Code

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Clifford Knowles

Title

Chairman of Board

Signature



Date

March 24, 2010

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

| Part I: Summary | | | | | | |
|------------------------|---|---|--|--|--|--|
| PHA Name/Number | | | HOPE, HEMPSTEAD COUNTY, ARKANSAS | | <input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 2 | |
| A. | Development Number and Name AR37P06850110 HOPE HOUSING AUTHORITY | Work Statement for Year 1 FFY <u>2010</u> | Work Statement for Year 2 FFY <u>2011</u> | Work Statement for Year 3 FFY <u>2012</u> | Work Statement for Year 4 FFY <u>2013</u> | Work Statement for Year 5 FFY <u>2014</u> |
| B. | Physical Improvements Subtotal | Annual Statement | 210,860.00 | 236,099.00 | 166,528.00 | 225,860.00 |
| C. | Management Improvements | | 17,500.00 | 4,061.00 | 56,532.00 | 6,200.00 |
| D. | PHA-Wide Non-dwelling Structures and Equipment | | | | | |
| E. | Administration | | 28,000.00 | 28,000.00 | 28,000.00 | 25,000.00 |
| F. | Other Dwelling Equipment | | 21,800.00 | 10,000.00 | 27,000.00 | 21,000.00 |
| G. | Operations | | 4,500.00 | 4,500.00 | 4,600.00 | 4,600.00 |
| H. | Demolition | | | | | |
| I. | Development | | | | | |
| J. | Capital Fund Financing – Debt Service | | | | | |
| K. | Total CFP Funds | | 282,660.00 | 282,660.00 | 282,660.00 | 282,660.00 |
| L. | Total Non-CFP Funds | | | | | |
| M. | Grand Total | | 282,660.00 | 282,660.00 | 282,660.00 | 282,660.00 |

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

| Part I: Summary (Continuation) | | | | | | |
|---|--|--|--|--|--|--|
| PHA Name/Number HOPE HOUSING AUTHORITY AR068 | | | Locality (City/county & State) HOPE, HEMPSTEAD COUNTY, ARKANSAS | | <input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 2 | |
| A. | Development Number and Name | Work Statement for Year 1 FFY _____ | Work Statement for Year 2 FFY <u>2011</u> | Work Statement for Year 3 FFY <u>2012</u> | Work Statement for Year 4 FFY <u>2013</u> | Work Statement for Year 5 FFY <u>2014</u> |
| | AR068000001 PHA-WIDE | Annual Statement | OPERATIONS | OPERATIONS | OPERATIONS | OPERATIONS |
| | AR068000001 YERGER TERRACE AND PHA- WIDE | | SECURITY-CAMERA | SECURITY-PATROLLING | SECURITY-PATROLLING & MAINTENANCE TRUCKS | SECURITY- PATROLLING |
| | AR068000001 PHA- WIDE | | COORDINATOR/INSPEC TOR | COORDINATOR/INSPECT OR | COORDINATOR/INSPECT OR | COORDINATOR/INSPEC TOR |
| | AR068000001 PHA- WIDE | | ARCHITECT AND BID ADVERTISING | ARCHITECT AND BID ADVERSTING | BID ADVERTISING | ARCHITECT AND BID ADVERTISING |
| | AR068000001 PHA- WIDE | | REPLACE SIDEWALKS AND TREE TRIMMING | SIDEWALK REPLACEMENT | REPLACE SIDEWALK AND TREE TRIMMING | SIDEWALK REPLACEMENT |
| | AR068000001 VJL HOMES. HOPEWELL/FAIR PARK | | WINDOWS REPLACEMENTS, CEILING WALLS REPAIRS | ROOF REPLACEMENT FOR TEXAS SITE, FAIR PARK AND VJL HOMES | APARTMENT RENOVATIONS (WALLS, DOORS, FLOORS AND PAINT) AND ENTRANCE DOORS AT TEXAS SITES | ENTRANCE DOORS AT VJL HOMES, REPLACE SEWER/WATER LINES AT HOPEWELL/FAIR PARK |
| | AR068000001 PHA- WIDE | | RANGES, REFRIGERATORS, HOT WATER HEATERS | RANGES AND REFRIGERATORS | RANGES, REFRIGERATORS, HOT WATER HEATERS | RANGES, REFRIGERATORS, HOT WATER HEATERS |
| | AR068000001 PHA- WIDE | | | | | FOUNDATION WORK |
| | AR068000001 PHA- WIDE | | | | | REPLACE HEAT/AIR UNITS |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Capital Fund Program—Five-Year Action Plan

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011**

| Part II: Supporting Pages – Physical Needs Work Statement(s) | | | | | | |
|---|---|---|----------------|---|-------------------------------|----------------|
| Work Statement for Year 1 FFY <u>2010</u> | Work Statement for Year <u>2011</u> FFY <u>JULY 2011</u> | | | Work Statement for Year: <u>2012</u> FFY <u>JULY 2012</u> | | |
| | Development Number/Name General Description of Major Work Categories | Quantity | Estimated Cost | Development Number/Name General Description of Major Work Categories | Quantity | Estimated Cost |
| See | AR068000001 YERGER TERRACE Windows Replaced | 50 units | 149,000.00 | AR068000001 Texas Site, Fair Park, VJL Homes | 96 | 207,508.00 |
| Annual | AR068000001 PHA-Wide Ceiling/Walls Repaired | 15 | 24,427.00 | | | |
| Statement | AR068000001 PHA Wide-Replace sidewalks and tree trimming | | 19,200.00 | AR068000001 PHA Wide-Sidewalks Replacement/Parking | | 10,000.00 |
| | AR068000001 PHA Wide- Ranges, Refrigerator, Water Heaters | 15 ranges 15 refrigerators 20 water heaters | 21,800.00 | AR068000001 PHA Wide- Ranges, Refrigerators | 10 Ranges 10 Refrigerators | 10,000.00 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | Subtotal of Estimated Cost | | \$ 214,427.00 | Subtotal of Estimated Cost | | \$ 227,508.00 |

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011**

| Work Statement for Year 1 FFY <u>2010</u> | Work Statement for Year <u>2013</u> FFY <u>JULY 2013</u> | | | Work Statement for Year: <u>2014</u> FFY <u>JULY 2014</u> | | |
|---|---|---|----------------|---|---|----------------|
| | Development Number/Name General Description of Major Work Categories | Quantity | Estimated Cost | Development Number/Name General Description of Major Work Categories | Quantity | Estimated Cost |
| See | AR068000001 PHA-Wide Apartment Renovations | 10 | 62,428.00 | AR068000001 V.J. Lloyd Homes- Entrance Doors Replacement | 32 | 28,000.00 |
| Annual | AR068000001 Texas Site – Entrance Doors Replacement | 100 | 81,000.00 | AR068000001 Hopewell/Fair Park Sewer/Water lines | 25 | 66,000.00 |
| Statement | AR068000001 PHA Wide-Replace sidewalks and tree trimming | | 21,000.00 | AR068000001 PHA Wide-Sidewalks Replacement/Parking | | 14,000.00 |
| | AR068000001 PHA Wide- Ranges, Refrigerator, Water Heaters | 18 ranges 18 refrigerators 20 water heaters | 27,000.00 | AR068000001 PHA Wide- Ranges, Refrigerator, Water Heaters | 15 ranges 15 refrigerators 20 water heaters | 21,000.00 |
| | | | | AR068000001 PHA Wide - Foundation work | 10 | 54,260.00 |
| | | | | AR068000001 PHA Wide-Heat/Air Units | 22 | 44,000.00 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | Subtotal of Estimated Cost | | \$ 191,428.00 | Subtotal of Estimated Cost | | \$ 227,260.00 |

Part III: Supporting Pages – Management Needs Work Statement(s)

| Work Statement for Year 1 FFY <u>2010</u> | Work Statement for Year <u>2011</u> FFY <u>July 2011</u> | | Work Statement for Year: <u>2012</u> FFY <u>July 2012</u> | |
|--|---|----------------|---|----------------|
| | Development Number/Name General Description of Major Work Categories | Estimated Cost | Development Number/Name General Description of Major Work Categories | Estimated Cost |
| | | | | |
| See | AR068000001 PHA Wide-Administrative Salaries | 4,500.00 | AR068000001 PHA Wide – Administrative Salaries | 4,500.00 |
| Annual | AR068000001 Yerger Terrace-Security Camera | 17,500.00 | AR068000001 Yerger Terrace-Security/Patrolling | 4,061.00 |
| Statement | AR068000001 PHA Wide-Coordinator/Inspector | 28,000.00 | AR068000001 PHA Wide-Coordinator/Inspector | 28,000.00 |
| | AR068000001 PHA Wide-Architect/Advertising | 18,233.00 | AR068000001 PHA Wide – Architect/Advertising | 18,591.00 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | Subtotal of Estimated Cost | \$ 68,233.00 | Subtotal of Estimated Cost | \$ 55,152.00 |

Part III: Supporting Pages – Management Needs Work Statement(s)

| Work Statement for Year 1 FFY <u>2010</u> | Work Statement for Year <u>2013</u> FFY <u>July 2013</u> | | Work Statement for Year: <u>2014</u> FFY <u>July 2014</u> | |
|---|---|----------------|---|----------------|
| | Development Number/Name General Description of Major Work Categories | Estimated Cost | Development Number/Name General Description of Major Work Categories | Estimated Cost |
| See | AR068000001 PHA Wide-Administrative Salaries | 4,600.00 | AR068000001 PHA Wide – Administrative Salaries | 4,600.00 |
| Annual | AR068000001 Yerger Terrace - Security and Maintenance trucks | 56,532.00 | AR068000001 Yerger Terrace-Security/Patrolling | 6,200.00 |
| Statement | AR068000001 PHA Wide-Coordinator/Inspector | 28,000.00 | AR068000001 PHA Wide-Coordinator/Inspector | 25,000.00 |
| | AR068000001 PHA Wide – Architect/Advertising | 2,100.00 | AR068000001 PHA Wide – Architect/Advertising | 19,200.00 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | Subtotal of Estimated Cost | \$ 91,232.00 | Subtotal of Estimated Cost | \$ 55,000.00 |

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.